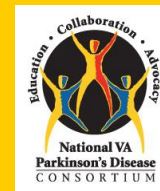


PADRECC/EES - FY 2014 Movement Disorder Series

To provide VHA healthcare professionals with current practice standards and emerging trends in the treatment of Parkinson's disease and other movement disorders



1 hour virtual conference using Microsoft Lync



Drug-Induced Parkinsonism

James F. Morley, M.D., Ph.D.

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Neurologist and Movement Disorder Specialist; Associate Director for Research, Philadelphia PADRECC

Thursday, May 8, 2014

12:00 PM - 1:00 PM Eastern

(9-10am PT, 10-11am MT, 11am-12pm CT)

or

3:00 PM - 4:00 PM Eastern

(12-1pm PT, 1-2pm MT, 2-3pm CT)

Register on Talent Management System (TMS): This link takes you to the TMS Login page.

Login, then select "View Offerings" to register. You must pre-register by May 6, 2014.

https://www.tms.va.gov/learning/user/deeplink_redirect.jsp?linkId=ITEM_DETAILS&componentID=20853&componentTypeID=VA&revisionDate=1397137680000

Meeting link: [Join online meeting](#)

<https://meet.RTC.VA.GOV/sean.gamble/GWS498BN> **Note: you must pre-register on TMS to receive CEUs**

AUDIO access: connect through your computer **or** call in on 1-855-767-1051 Conference ID: 2016640

Target Audience and Continuing Education Credit:

Any VHA clinician interested in movement disorders. Continuing education credits are available for: physicians, PAs, Nurses, and psychologists that pre-register by May 6, 2014, and complete post-test and online evaluation by June 8, 2014.

Description:

The purpose of this Microsoft Lync meeting is to provide an update on drug-induced parkinsonism (DIP). DIP secondary to antipsychotics and other dopamine antagonists is common, disabling and can be clinically indistinguishable from idiopathic Parkinson's disease (PD). Making the correct diagnosis is essential as it has important implications both for management of the underlying psychiatric condition and potentially lifelong therapy with antiparkinsonian agents. Additionally, because parkinsonism does not always resolve with withdrawal of the offending agent or can recur years later, DIP may sometimes represent unmasking of incipient PD. The problem is increasing in scope as antipsychotic drugs are prescribed for a widening variety of indications. This program will review the epidemiology, diagnosis and management of DIP together with its relationship to PD. This knowledge based activity is the 4th in a six-part series on Movement Disorders in FY14.

Outcome Objectives: At the conclusion of this educational program, learners will be able to:

1. Examine common risk factors, causative agents and clinical presentations in Drug Induced Parkinsonism (DIP)
2. Discuss treatment and clinical outcomes in DIP
3. Converse about the potential relationship of DIP to Parkinson's Disease (PD)

Program Contacts:

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National PADRECC website: www.parkinsons.va.gov

**Movement Disorder Series
Future Dates/Topics 2014**
Sep 11 – Sleep Disorders
Nov 13 – Exercise and PD